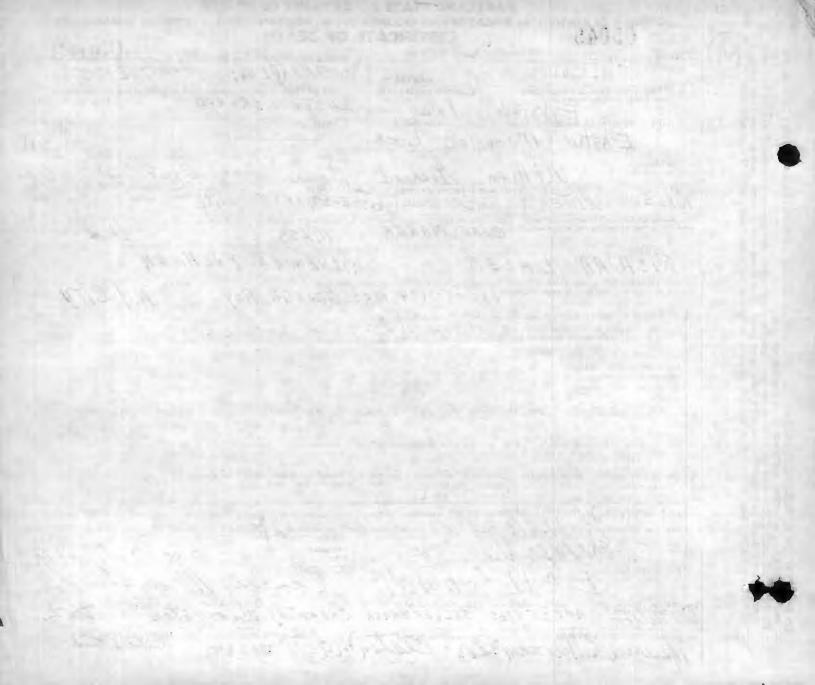
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution: e. COUNTY .b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) 3 4 4 write RURAL and give nearest Jewn RURAL Pages 1 aurs after urs after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street offdress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO completely NAME OF Last 4. DATE Month Day Year DECEASED OF ed (Type or print) DEATH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 birthday) Monthsi Days Hours WIDOWED requires that the death certificate attending physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME .5 BACHMAN pue Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, ar unkown) [ (Hyes give war or dates of service) physician. is. CAUSE OF DEATH | Enlar only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause **DUE TO** (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION S 0 ERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While at work | at work p.m 21. | certify that M, from the causes and on the date stated above, saw the deceased and that death occured at 22e. SIGNATURE 22by DATE ATTENDING MED. STAF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type) 23 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town (op tounty) 23b, DATE THEREOF (Stete) SILVER BROOK CREMATOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur J. Thate 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH



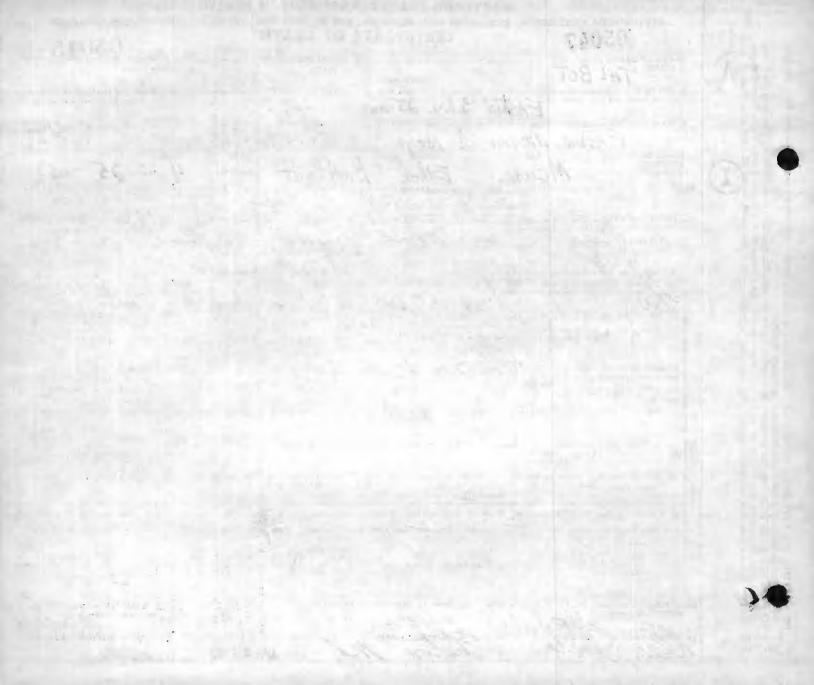
		MARYLAND STATE D  DIVISION OF STATISTICAL RESEARCH AND RECORD	SEPARTMENT OF HEALTH  S. 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND
		05046 CERTIFICAT	TE OF DEATH	05044
7/(4		COUNTY TALLAT MARYLAND	a. STATE MARYLAND b. COUNTY	1 1
ソー	ł	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
POL		EASTON Bolays	GRASONVILLE	17X.2
		EASTON Memorial Hospital or institution (if not in hospital, give street eddress)	d. STREET ADDRESS	ON A FARM?
		IAME OF First Middle Reception Robert Property Reception Robert R	Lest 4. DATE Month OF DEATH ADAM	Dey Yeer 28 1962
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	13.	Levelot a. Brokker	14. MOTHER'S MANDEN NAME	
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2		1	Jos.A. BAXTER: GRASONU	INTERVAL BETWEEN
		18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), and (c)  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)	materialis	ONSET AND DEATH
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		Conditions, if eny, which beginning to be considered by the constant of the co		
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	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour a.m., p.m. 19 ZDd. INJURY OCCURRED 20e. PL/While Not While fac	ACE OF INJURY (Home, farm, 20f. (City or town) (Counterly, street, office bldg., etc.)	nty) (Stele)
		21. I certify that (I) (this hospital) attended the deceased from	4-25, 19.62-10, 4-28, 19.	
		saw the deceased alive on	t death occured at . K.M. from the causes and on t	22b. DATE
		MAINIA. 1. DA HID	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4-30-62
1		NAME (Type) Donald F. Bartley / M. D.	Easton, Maryland	h-30-62
	230		OR CREMATORY 23d. LOCATION (City, town or count	(Ca lead
0		BUBIAL H-30-62 ALLENS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest lownly d. NAME OF HOSPITAL OR INSTITUTION (if not d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z completely 3. NAME OF DATE DECEASED OF (Type or print) DEATH and col IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) done during most of making life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIL 15. WAS DEPEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 1 17. INFORMAN Addrass (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item IB.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. and that death occurred at A.A.M., from the causes and on the date stated above. saw the deceased alive on...... 226. DATE 22n. SIGNATURE ATTENDING STAFF SIGNED MED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. (BURIAL CREMATION, 23c. NAME OF 23d. LOCATION (City, town or county) (Stete) 2359-DATE THEREOF CEMETERY OR CREMATORY (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

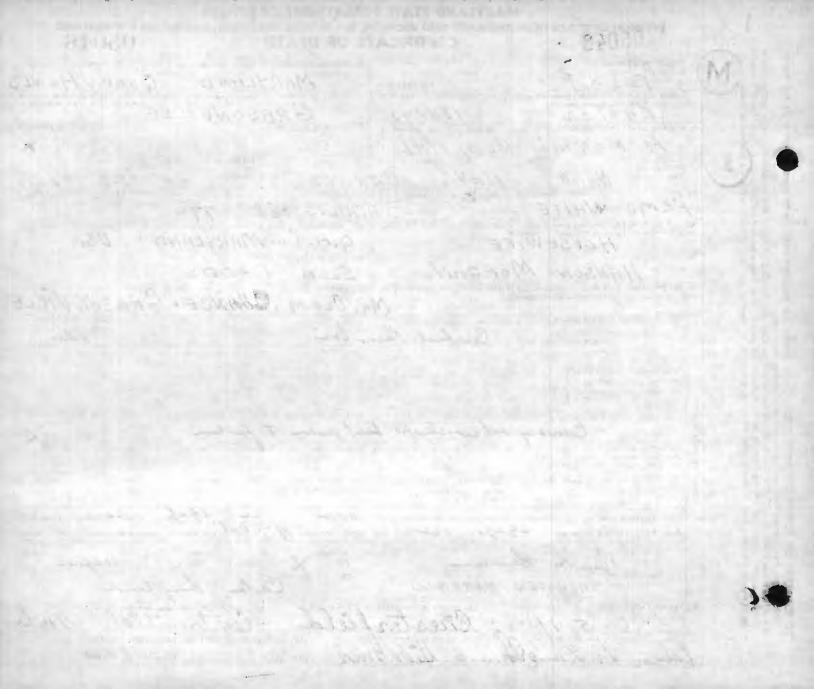
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RYLAND STATE DEPARTMENT OF HEALTH



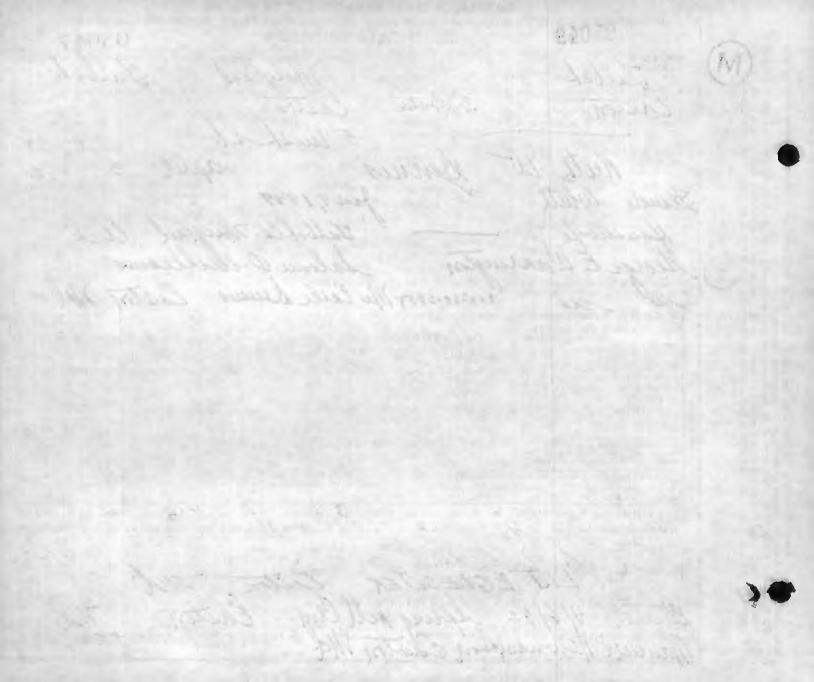
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission). e. COUNTY b. COUNTY 12 d MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give-nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely NAMEOF Middle 4. DATE Month Dev Yanı DECERBED OF (Type or print) DEATH 19 and co 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) se 13. FATHER'S NAME DADDS 15. WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give werer dates of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceusa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIal CERTIFICATION 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING [] 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perff or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, Month, Day, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a,m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from ... Il Man from 19 62, and that death occurred at 2M, from the causes and on the date stated above. saw the deceased alive on 29 22e. SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, 23b. LOCATION (City, fown or county) 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] 15M 7/61 arthur S. Turne DATE

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ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MERRYLAND 5 2 TOWN lif outside corporate limits, URAL and give nearest lown) e. LENGTH OF STAY IN 16 Ilf outside corporete limits, write RURAL and give nearest town) 中間 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Z 3. NAME OF 4. DATE Day Lost DECEASED OF DEATH (Type or print) AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. RACE T. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED USUAL OCCUPATION (Give kind of work during most of working, life even if refired) 10b. KIND OF BUSINESS OR INDICETRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life attending physi Then please rem WAS DECPASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO (Yes, no, or antown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) While Not While MEDI Hour a.m. el work et work .... 19.6. hr that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 10 .......... 2 and that death occurred at 3...M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] ACATION Kity, town or county) 23c. /NAME OF CEMETERY/OR/CREMAYDRY 23d. 23a BURIAL, CREMATION. 23b. DATE FONERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S MIGHATURE REC'D BY REGISTRAR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



3		MARYLAND STATE DEPARTMENT OF HEALTH				
2.4		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
			UDUDU CERTIFICATE OF DEA	O5048		
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and co		5 SEX MAL	6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8 DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last hughday)  Months Days Hours M n.		
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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05049
HEALTH DEPT.	424 11	leg. Dist. No.
6 0 E	ACCOUNTY TAL BOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived 11 institutions). COUNTY TAL BOT & COUNTY	Residence before admission)
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r deo Foge I ond in 72	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BEGINFLACE (State or foreign country)	2 CITIZEN OF WHAT COUNTRY?
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AMINITED TO THE POST OF THE PO	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 💢 Ir	nguiry . and in my
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FOR OTHER	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 05050
HEALIN DEPT.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Page Page lles.	Talbot MARYLAND	a. STATE Maryland b. COUNTY Talbot
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er e	(Type or print) George Benjamin	Ecker DEATH APR 29 1962
Sark Sark Sark Sark Sark Sark Sark Sark	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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13 THE 2	(Yes, no, or unkown) (Ifyasgivewerordetesofservice) 705-07-6219 (706	orge A. Ecker, Baltimore, rd.
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OR The Prior	21. I certify that I took charge of the remains described above, held	an Autopsy, Inspection 🔀 Inquiry, and in my opinion
E Garage	death resulted from: Natural causes . Accident . Suicide	e . Homicide . Undetermined manner .
PE CE	I mliet	CHIEF MEDICAL EXAMINER
A CO THE	SIGNATURE JULY WILLIAM	_M,D. ASSISTANT MEDICAL EXAMINER
Nacute Secute ERAL Seignal	EXAMINER'S NAME (Typs)	DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county)
Strong St	228. BURIAL, CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR C	
O 5 4 0 9 0	REMOVAL (Specify) Burial 5/3/62 Tethodist Ce	metery Tilghman, Taryland
VS. AISME	23. FUNERAL DIRECTOR	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
5M 7/59	Mamelia (aull Easton, M	d. DATE MAY 1 162 Outlan 1. Kraus
7	W. Trampton Carrell	

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH				
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
ু কুল		U5053 CERTIFICATE OF DEATH 7 05051			
funeral should		PLACE OF DEATH  2. USUAL RESIDENCE (Where decoased Irved, if institution: Residence before edmiss on)  e. COUNTY  a. STATE  b. COUNTY			
5 90 F	_	TALBOT MARYLAND III. HIDOV			
de the		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)			
d in 2	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress)  d. STREET ADDRESS  4. STREET ADDRESS  4. STREET ADDRESS			
Filled i		England ON A FARM?			
completely on papers.	3.	NAME OF First Middle Last 4. DATE Month Day Year			
T TE T		DECEASED (Type or print) Baby Girl Ellerbe DEATH April 21 1962			
and co carbon	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If UNDER 1 YEAR   IF UNDER 24 HRS.			
te b	1	CMA 10 KIN WIDOWED DIVORCED APRIL 21, 1962 YES			
ifica iciar nove	do	s. USUAL OCCUPATION (G v kind of work post of working life, even if refired) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 12, CITIZEN OF WHAT COUNTRY?			
phys ren any	13.	FATHER'S NAME, I A MOTHER'S MAIDEN NAME.			
ing ing d in		Charles Flloopa Hale- lih: Heart			
e de		WAS PECEASED EVER IN U.S. ARMED FORCES? 16. SOGIAL SECURITY NO. 17. INFORMANT			
e at the The	{Yz	135, nd () kowr) (lifyesgive werordetes of service) None Helenwif //eshe - St. michaels			
mit. Tem	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]			
ysici ysici bed b per per		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) TO COT STEPPOLOSIS			
red signe arion		Conditions, if any, which to Hypline memberse disease			
ding ding den den rem		Conditions, if any, which by the state of th			
Inergraphs after after after after after after burit		(a), stating the underlying DUE TO cause (ast.			
te h	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY			
F b as of the control	15.	YES NO			
cert corrigions prior	ZIIFC.	20e, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH			
this alternation of the set of th	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
d by a che a	ŊC.A.L	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour e.m. While Not While factory, street, office bidg., etc.)			
San Daine aine daine dat dat dat dat	WED	p.m. 19 at work at work			
		21   certify that (I) (this hospital) attended the deceased from			
State State		saw the deceased Mood of Mood on the date stated above, 22a. SIGNATURE 22b. DATE			
D E D S		M.D. ATTENDING MED. STAFF 72 April 1952			
RAI Page		22c. PHYSICIAN'S NAME (Type) F ( H So h - idt 22d. ADDRESS) - 1			
2 6 2		L. C/7 >cnmal			
A DE	230	BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town of county)			
Daga "		BUR'S J-43-62 MCMAS SIRM. CM. J. M. CAGES  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  258. REC'D BY REGISTRAR'S SIGNATURE			
VR A15 (4) 15M 7/61	24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  DATE  258. REC'D BY REGISTRAR'S SIGNATURE  CALLY A TRANSPORTED TO THE PARTY OF THE PART			
	-	1 9 19 19			



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
- To			U5054 CERTIFICATE OF DEATH	05052 -	
affe uner houl	A		PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY	Residence before edmiss on	
\$ 50 E	VI)		A BOT MARYLAND MARYLAND	307 (ARCHINE	
A A	1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	d g ve nearest fown)	
E G S E	}		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	. S RESIDENCE	
Page No.			Memorial Hospital	YES NO	
npletely papers			NAME OF First Middle Last 4. DATE Month OF	Dey Yeer	
0	$(\mathbf{I})$		(Type or print) BAby Bay EWING DEATH 4-	33 - 19 62	
Kird B		3.	last birthday) Months	Days Hours Min.	
icate cian ar ove ca event,				TIZEN OF WHAT COUNTRY?	
ertifi nysic emo ny e		do	ine during most of working I to, even if retired)	1.00	
in a		13.	FATHER'S NAME	•	
dea indin		15	William Mercie Owing of Margaret Stille Was DECEASED EVER IN U.S. ARMED FORCESS   16 SECURITY NO.   17. INFORMANT	-	
the Ther			Address  Address  Address  Address  Address  Address	200	
thai an. / the nit. remo			18. CAUSE OF DEATH Enter only one cause per l no for (a), (b), end (c)	INTERVAL BETWEEN	
vires vsicial de by perm		П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	7M. 59min	
red phy prigne s signe s signe s signe s s s s s s s s s s s s s s s s s s s		П	) X DJE TO		
law nding een s een s			Conditions, if shy, Which (b)		
The atter as b buri			(a), stating the underlying DUE TO		
AN: l or life h	1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR		
Sports sports tiffice se as	U	SATK		YES NO	
the horizontal for u		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!	,	
MG fer She		WEDICAL		anty) (Stella)	
R. A. deta		MED	Hour a.m. While Not While sacrory, sweet, office plags, arc., r		
TTE TTO TO Dep				C 4 that (I) (we) last	
R P P P P P P P P P P P P P P P P P P P			saw the deceased alive on	the date stated above. 22b. DATE	
TO TO THE STATE OF			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4-25-62	
RAD Page with	1	Н	22c. PHYSICIAN'S NAME (Type) Donald F. Bartley M. D	md	
	ľ		Donald F. Dai Gloy H. II.	(Stete)	
Ve Ce Ti		238	REMOVAL (Specify)  STATE THEREOF 23c, NAME OF CEMETERY OR CREMATIONY  REMOVAL (Specify)  STATE THEREOF 23c, NAME OF CEMETERY OR CREMATIONY  LUCATION (City 10) or count  REMOVAL (Specify)	1 Tub	
VR AIS (4)		24	FUNEBA DIRECTOR'S SIGNATURE DE DESS. 250. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE	
15M 7,61	1872		Child Dary Carlos Md. DATE APR 27'62 Chilles	1Kraus	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before edm ssion) a. COUNTY b. COUNTY by the and 2: MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) lown! c. LENGTH OF STAY IN 16 write RURAL and give nearest town filled in Peges 1 urs after d. NAME OF HOSPITAL OR INSTITUTION (IE no. d. STREET ADDRESS ed ress e. IS RESIDENCE ON A FARM? YES NO 1 completely 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 8. DATE OF BIRTH 6. COLOR OR RACE AGE (I Years IF UNDER 1 YEAR IF UNDER 7. MARRIED LINEVER MARRIED last birthday) Months Days WIDOWED DIVORCED physician Da. USUAL OCCUPATION (Give Kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) mestie 13. FATHER Then please 14. MOTHER'S MALDEN NAME 16. SOCIAL SECURITY NO. 17. 18. CAUSE OF DEATH Enter only one cause and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, fany, which pave rise to Immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRA CERTIFICATION AS AUTOPSY PERFORMEDE NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED, (Ente sature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or lown) (County) (Sleta) factory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. 21. I certify that (i) (this hospital) attended the deceased from 4/7 .....19.C... Land that death occured at I.D.M., from the causes and on the date stated above. the deceased alive on... 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR MD. PHYSICIAN'S 22d. ADDRESS NAME (Turbhn N. Robinson Easton. direct 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 24 FUNERAL DIRECTOR S SIGNATURE ADDRESS 255. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7,61 PATE APR 2 7 '62 arthur & Hears

LAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH &14 Filmu310 4/9/65 funeral Items 5 RESIDENCE (Where decessed lived, if institutions residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 If outs'da corporate limits, write RURAL and give nearest lown) ally d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give great address) IS RESIDENCE 3. NAME OF 4. DATE DECEASED (Type or print) DEATH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Hours WIDOWED ! 12. CITIZEN OF WINAT COUNTRY? coûniry) attending ph Then please r vat, and in a 14. MOTHER'S MAIDEN NAME unknown 16. SOCIAL SECURITY NO. 17 EVER IN U.S. ARMED FORCES? (If yes givowar or dates of sarvice) 18. CAUSE OF DEATH [Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, 'f eny, which gave risa to immediate causa DUE TO (m), sletting the underlying PART I. OTHER SIGNIF, CANT COND. TIONS CONTRIBUTING TO DEATH BUY NOT RELATED WAS AUTOPSY PERFORMED? NO F 20e. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I or Part I of tem 18.] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) While Not While Hour a.m. el work el work the/ deceased alive on. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS LOCATION (City, Iswn or county) 230 FURIAL, CREMATION, 236. DATE/THEREOF (State) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) ( when S. Thomas 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
	OSOS CERTIFICATE OF DEATH	05055		
a la	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if Institute a. COUNTY	non: Residence before admiss on)		
hours	TAL BOT MARYLAND Maryland  b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY N 1b c CITY OR TOWN (if outside corporate limits, write RURA	Caroline AL and g ve naerest town)		
in by	EASTON 21 DAYS Rural Marydel	e" e"		
ithin sages s aff	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?		
ris. P	MEMORIAL HOSPITAL None	YES NO		
plet ape	3. NAME OF First Middle Last 4. DATE Month OF	Dey Yaar		
d com	(Type or pr nt) DENISE LOR RAINE HACKETT DEATH  5. SEX 6. COLOR OR RACELY MADDIED TO NEVER MADDIED TO 18 DATE OF BIRTH  9. AGE (In years 1F UN	24 19 62 IDER 1 YEAR   IF UNDER 24 HRS.		
-Ω ċ ≽ ·	Aller 8 1961 last birthday) Mgn			
cate ver ver	I TEMOTE OUT	CITIZEN OF WHAT COUNTRY?		
ing physici lease remo d in any e	None None Maryland  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	U.S.A.		
Po de la	John E. Baskett  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.   17. INFORMANT  Address	-		
he att The moval	None Eva Hackett Marydel, Mar	cyland .		
cian by t by t srmit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) end (c) ]	ONSET AND DEATH		
hysin ned ii pe n, c	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (1). Respiratory Fail me	1 day -		
w re ng p rans natio	DATE OF TO CALLED TO CALLED TO			
e la endii beer rial-l	gave rise to immediate cause			
has has bud e	(a), stating the underlying OUE TO			
AN Sale of sale of the sale of	PART . OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N	PART (a) 19. WAS AUTOPSY		
spiliting or the state of the s	THE STATE OF THE S	YES NO		
PHYS the ho this ce d for u	PART . OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN NO DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 1B.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	,		
DING hed by Affer erache of Hea	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)  While Not While at work at work	(County) (Slele)		
CEN OR: De d		, 19.6.7 That (I) (we) last		
ATA BECTI Tele C	saw the deceased alive on. 4.12.4 19.62, and that death occurred at 3.4.M, from the causes and			
OR Tray Sho Sho Sta	228 SIGNATURE O STAFF	22b. DATE SIGNED		
AL 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	M.D. PHYS DIRECTOR PHYS.	4-27-62		
P P P P P P P P P P P P P P P P P P P	22c. PHESILIAN'S NAME (TYPE) A HN F BAY BUTT 22d. ADDRESS Forle Aug EASTON	. Md		
FE STATE	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or	TF _ T_ T		
ပ်ခွင်နှင့် နှင့်	"Burial" 4-26-62 Mt. Zion Marydel, Mar			
VR A1S (4)	24 TUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRA			
	J. G. Bouleur & reenstore, Wel. DATEMAY 2 '62   Chilling	S. Krana		



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05058 CERTIFICATE OF DEATH 05056 with I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admiss on) o COUNTY COUNTY MARYLAND funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) INK shauld MICHAEL d NAME OF HOSPITAL (If not in hospitol, give street address) e IS RES DENCE d. STREET ADDRESS OR INSTITUTION URSING YES TI NO VISIA HOWE , ⊑ NAME OF 4 DATE Middle Day Last Month Year filled DECEASED (Type or print) ARRISON DEATH 1962 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours DIVORCED [ 26 88 yrs WIDOWED [ 10g USJAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired). IMZHJA 13. FATHER'S NAME ILLIAM JUSAN W INFORMANT/ Address IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (oi DUE TO Conditions, if ony, which permit. (b) gred gove rise to immediate **DUE TO** cause (a), stating the underbeen si lying couse lost. urial-transit PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 9 YES NO S 200. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 19/2\_2 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from. I A and that death occurred all M. from the causes and on the date stated above. saw the deceased alive an 220 S GNAJURE 22b DATE SIGNED ATTENDING STAFF DIRECTOR [] MD. PHYS. 22c PHYSICIANS 22d. ADDRESS 236 DATE THEREOF CEMETERY 23d LOPATION (City, town, 23a. BUR AL. CREMATION 23c NAME OF OR GREMATORY (Stole) page the St 2/ FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE **ADDRESS** ₹25a, REC'D BY REGISTRAR Certhar S. Flrance DATE

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND 05059. CERTIFICATE OF DEATH funeral should 2508 d F 1. USUAL RESIDENCE (Where deceased freed, if institution, Residence before adm sslor) PLACE OF DEATH a. COUNTY b. COUNTY a, STATE nd 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES 🗌 NO NO completely 3. NAME OF 4. DATE Month DECEASED OF (Type or pant) DEATH 19 AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED attending physician hen please remove 10a. USUAL OCCUPATION (Giva kind of work JUMMER GUEST 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) during most of working life, even if retired) KILIRED TONE 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordatesofservice) 0 220 18. CAUSE OF DEATH Enter only one cause PART & DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) gava rise to immediate cause DUE TO (a), stating the underlying causa last. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 203, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED tonter natura of injury in Part , or Part II of item 18.) After MEDICAL 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 201, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Hour e.m. While Not While at work at work DIRECTOR: p.m. 21. I certify that (1) (this hospital) attended the deceased from and that death occured #... M, from the causes and on the date stated above saw the deceased alive on. L.S. SHENATURE 22b. DATE **ATTENDING** PHYS. DIRECTOR M.D 22d ADDRESS NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stata) Fair View Cem. Coatesville, Penna 25e. REC'D BY REGISTRAR (25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M, 7, 61 arthur & House



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, if institutions Residence before admission) a. COUNTY b. COUNTY the id 2 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oghside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town] d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO M completely papers. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH SOF and cor 5 COLOR OR RACE B. DATE OF BRID AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours 86 DIVORCED 10s USUAL OCCUPATION (Give Ind of work 106 KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Din Din 50 0 IB CAUSE OF DEATH [finter only one cause per line for (a), ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of Colon yr IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which' gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Arteriosclerotic Heart Disease-Cardiac Decompensation YES | NO X 20a ACCIDENT WAS UNDERLYING [] | 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour s.m. While at work al work 21. I cartify that (I) (this hospital) attended the deceased from April 161, tapril 17.... 1962 that (I) (we) last saw the deceased alive on ADD11 22a S GNATURE 226. DATE ATTENDING SIGNED PHYS. DIRECTOR M.D. 22c PHYSICIAN S 22d ADDRESS St. Cambridge . Md . Edwin Fassett. Pine 23d, LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 235 4 0 24 FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE

RYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
पूर्व ब		05061 CERTIFICATE OF DEATH	05059
M		PLACE OF DEATH  a. COUNTY  Talbot  Maryland  b. CITY OR TOWN (if outside corporate limits, write RURA  C. LENGTH OF STAY IN 1b	Talbot
X		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  TUTAL— Easton  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  c. CITY OR TOWN (if outside corporate limits, write RURA  TUTAL— Easton  d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	<b>3</b> .	Route 50 NAME OF First Middle Last 4. DATE Month	YES NO
1	5.	OF  (Type or print)  Nora  Tatilda  Jones  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH  9. AGE (In years IF UN less betthe 40)   Mean of Birth	
	10a	L'ORALO   TILLO WIDOWED A DIVORCED   JUNE 19, 1887   74, yrs.    USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) 12 ne during most of working life, even if refired)	, CITIZEN OF WHAT COUNTRY
	13.	nousework Housewife Talbot County, Waryland FATHER'S NAME  14. MOTHER'S MAIDEN NAME	USA
	15 (Ye	George T. Sinclair  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT  Address Address Address	-
		18. CRUSE OF DEATH [Enter only one cause per line for (e), (b., end (c).]  PART I. DEATH WAS CAUSED BY:	Easton And Death
U	NOI	Conditions, if any, which gove rise to immediate cause (b)  DUE TO  Cause last.  DUE TO  Cause last.  (c)  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
	CERTIFICAT	206. ACCIDENT WAS UNDERLYING [] 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of stem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO E
	MEDICAL	Hour a.m.  p.m.  While Not While fectory, street, office bldg., etc.) at work at work	(County) (Stells)
		saw the deceased alive on	on the date stated above
1	23	22c. PHYSICIAN'S NAME (Type)  I. J. ESTSOGOT  12 N. Hanson St., Easto Burial, CREMATION, 23b. Date thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or c	n, 14d.
9		Burial 4/14/62 Spring Hill Gemetery Easton, Hary	land
BI		Harton Carroll Easton; Md. DATE	A. 16445



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Regidence before admission) a. COUNTY b. COUNTY. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) AS\_1.077 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) completely DECEASED (Type or print) DEATH AGE (IN years LIF UNDER I YEAR S. SEX ast birthdev) WIDOWED DIVORCED 10a, USUA, OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13 FATHER'S NAME attending Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW, MULTY OCCURED (Enter galure of neury infart I or Port il of Iom 18) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF BEATH IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Steta) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 201. (City or fown) (County) factory, street, office bldg., etc.) Hour e.m. While Not While al work et work and that deeth occured et. T.DM, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN S NAME (Type) Eglseder. Easton, Maryland 236 BURIAL, CREMATION, 236 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Specify) ADDRES! 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 arthur S. Krasse DATE



W. PRESTON STREET, BALTIMORE 1, MARYLAND 05063 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm ssion) a. COUNTY \$ 2 2 2 MARYLAND b, CITY OR TOWN (if outside corporeta limits. E. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town! write RURAL and give nearest town) EASTON NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE ON A FARM? YES NO completely NAME OF 4. DATE Month Year DECEASED OF [Type or print] DEATH 1963 8. DATE OF BIRTH 6. COLOR OR RACE IF UNDER 24 HRS. 9. AGE (In years : IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Davs WIDOWED [ DIVORCED physician ton, USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY & State, or fore gr, country) , 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME attending pl and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesg'vewaror detes of service) 18. CAUSE OF DEATH iffnter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO [e], stating the underlying cause last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20s. ACCIDENT WAS UNDERLYING | 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Item IB.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, ) 20f. (City or lown) (Steta) (County) factory, street, office bldo., etc.) While Hour e.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from .... saw the deceased alive on. and that death occured all . E.M., from the causes and on the date stated above. 22e. SIGNATURE 25/626 DATE SIGNED PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN S 4/25/62 NAME (Type) Thurston Harrison Easton, Maryland director be filed 23c. NAME OF CEMETERY, OR CREMATORY 23a BURIAL CREMATION. 23d. LOGATION IS IN (Stete) OH FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) arthur & Keaus

RYLAND STATE DEPARTMENT OF HEALTH

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
3,1	~	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M  OSO 64  CERTIFICATE OF DEATH	05062
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es the cian. by # remit.		18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
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1		MARYLAND STATE DEPARTMENT OF HEALTH	
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DYLAND STATE DEPARTMENT OF HEALTH IISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY .... b. COUNTY MARYLAND c. LENGTH OF STAY IN Th c. CITY OR TOWN If outside corposate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give agarest town] d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF 4. DATE Month Dev Last DECEASED OF (Type or print) DEATH 9. AGE In years | IF UNDER I YEAR 6. COLOR OR MACE 8. DATE OF IF UNDER 24 HRS. 7. MARRIED THEYER MARRIED east birthday) Months WIDOWED DIVORCED attending physician then please remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) -BRM 1 WN BK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ! (If yes give we nor dates of service) ova 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO geve rise lo immediate cause DUE TO (e), stelling the underlying cause last PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN. URY OCCURED, (Enter nature of injury in Pert I or Pert I) of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, (State) Month, Dey, Year 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. ...., and that death occured at. .M., from the causes and on the dete stated above. saw the decease 22e. SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR M.D 22c. PHYSICIAN'S 22d, ADD9633 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOI 0,1962 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNA JUNERAL DIRPCTOR'S SIGNATUR VR A15 (4) 15M 7.61



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PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY --6. COUNTY SUSSEX MARYLAND b. CITY OR TOWN (if outside corporate limits. IY OR TOWN (If outside corporata I mils, write RURAL and give neerest lown) OR INSTITUTION (If not in hospital, give street address) NURSING HOME DECEASED (Type or print) IF UNDER 24 HRS. AGE (In years , IF UNDER I YEAR) lest birthdey) Months | Deys RTLETTE NEWNAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? : 16. SOCIAL SECURITY NO : 12. 18. CAUSE OF DEATH Enter only one couse per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) geva rise to immediate cause DUE TO (e), steting the underlying TION GIVEN N PART I(e), 19. WAS AUTOPSY PERFORMED? OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. NJJRY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (C'ty or fown) (County) (Stelle) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work ....19 (e. Land that death occured and me from the causes and on the date stated above. saw the deceased alive on. 22b. DATE ATTENDING. PHYS. M.D. 22d, ADDRESS (Slata) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE EMMERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60



RESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institutions Residence before admiss on) 1. PLACE OF DEATE e. COUNTY **b.** COUNTY 후 <u>구</u> MARYLAND ENNSYLTANIA c. CITY OR TOWN III ontside corporate limits, write RURAL and give neerest town b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) EASTO . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress ON A FARM? YES NO E completely NAME OF Middle DECEASED DEATH (Type or print) AGE (In years HF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED DATE OF last\_birthday] physician 12. CITIZEN OF WHAT COUNTRY 106, KIND OF BUSINESS done during most of working I fe. 13. FATHER'S NAME please JAMES AUBMA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: sulde **DUE TO** Conditions, if only, which gave rise to immediate cause DUE TO (a), stating the underlying çause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE, ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Pert II of Item 18.) 20a, ACCIDENT WAS UNDERLY NG OR CONTRIBUTING [] CAUSE OF DEATH 20f. (City or town) (County) (State) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work lo ..... that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... and that death occured at J. A.M., from the causes and on the date stated above. saw the deceased alive on.. 22% 5 GNATURE SIGNED PHYS. MD 22d ADDRES! 22c. PHYSICIAN 236 LOCATION (Stete) BURIAL CREMATION 123b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE MIRECTOR'S SLANGATOR VR A15 (4) 1SM 7 61 arthur & House



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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
NA LEG X	CERTIFICATE OF DEATH	05068
after after	Information from birth cert	on: Residence before edmission)
the fr	. COUNTY TALBOT MARYLAND a. STATE Md.	Caroline
- 9 W	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate limits, write RURA)	
24 in by in lar	write RURAL and give neprest town)  2 days / Denton	
Iffin Bed ages s affi	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	. IS RESIDENCE
W Ell	Fastal Monorial Hospital Rt. #3 Box 44	YES NO
ad etel	3. NAME OF First Middle Last (4. DATE Month	Day Year
Pag C	(Type or pool) Baby Boy Jim DSON DEATH CAN'EL	2/ 1962
o o o o o o o o o o o o o o o o o o o	5. SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN Years IF UNIT	
e be and carb	WIDOWED DIVORCED AR 19 1962 last biffhday) Month	IS Deys Hours Min.
ficat cran ove evel	10a. USUAL OCCUPATION (Give kind of work   10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?
certific physica e remov	done during most of working life, even if retired)	
0.0	13. FATHER'S NAME	_
2 554	MORRES SIMPSON KATIE HILL	
0 9 5	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Ifyes give war or detes of service)	7 1.0
ne att	(Yes, no, or unknown) (If yes give war or detes of service) Morris Jimpson Je	ulow, wa
es the cian. by the srmit. sr rev	18. CAUSE OF DEATH [Enter only one cause per line to (e), (b), end (c),	INTERVAL BETWEEN
ysic yd b Per Per	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ENDO COSOLIA FIRSTOSIS	ONSET AND DEATH
red Figures Fi	LA 11 DUETO	_
nding play repending players significant s	Conditions, if any, which (b)	
he tend	geve rise to immediate cause (e), stating the underlying DUE YO	
r aff	cause last. (c)	
IAN tal o cate cate o by	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN E	PART I(a) 19. WAS AUTOPSY REREORMED?
O 0 ± 0 5	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N. S.  20a. ACCIDENT WAS UNDERLYING   1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (If ETHER, NOTIFY MEDICAL EXAMINER)	YES NO
or u	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.)	7
or this seed for seed		
対しまでエ		County) (State)
NDI St. A deta deta	Hour e.m.  While Not While lectory, street, affice bldg., etc.)	
TTEN TOR	21. I certify that W this hespital avended the deceased from 4 / 19 1967 to 4/2/	19.6.2 That (I) (we) lest
Se S	saw the deceased divertiff 12 19 62, and that death occurred at 12.5M, from the causes and c	on the date stated above.
Sho Sho	22e SIGNATURE OF A STATE OF THE	226. DATE
14 T	MD ATTENDING MED. STAFF PHYS DIRECTOR PHYS. 2	-170x1/1965_
Page All	22c PHYSICIANS NAME (Type) [ ] # GA / - : / 22d ADDRESS +	
d d d d d d	E.C.II. JUITAINI Cation, Illay	end,
14 E	233. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION ICHY, toth or co	ounty) (Stelle)
Ted a	Scried apr. Vs. 1962 Jenter	Wed!
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY WEGISTRAN 256 REGISTRAN	ST SIGNATUREA
15M 7 61	July busone so pate APR 25 62	



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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	1	05069
funera	M	A. PLACE OF DEATH  a. COUNTY  TAL BOT  MARYLAND  2. USUAL RESIDENCE (Where decreesed lived, if Institution: Residence before edmission a. STATE Maryland b. COUNTY Caroline
Por A		b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
in by	80	EASTON 16 kis 10 Thin Federal sburg 1 - x 2
vithir Filled	<u> </u>	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
Pres Pres	<u> </u>	MEMORIAL HOSPIIAL River Road YES NOTE
mple pap		OF (Type or print) MICHAEL ALLEN STANLEY DEATH 4 / 19 6.
d cor		5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
earl	ř	Male   Negro   widowed   Divorced   February 23, 1962   vi.   1 8
ifical iciar nove	D > D	10e. USUAL OCCUPATION [Give kind of work done during most of working kile, even if retired] 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTR
cert phys	È	Infant Talbot County, Md. U.S.A.
eath Jing Jeast		Mervin E. Stanley Erma Ricketts
her Hence	(I)	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. ENFORMANT Address  Yes, no, or unknown], [[fyes give werer defes of service]
he a		No None Mrs. Evelyn Ricketts, Federalsburg, Md.
es the	5	18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY,  ONSET AND DEATH
hysical red	<u>`</u>	1 IMMEDIATE CAUSE (6) Premonies 2 dieys
w re sign	2	Conditions, if any, which ? (b) Mal mutinition: Daburdistion
e la andir been rial-t	5	geve rise to immediate cause
App at the self and a	<u> </u>	[e], steting the underlying Deliver of the cause last.
State of the state	6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS ALTOPS!  PERFORMED!
SIC ospit rrtific	5	
PHY the higher ce of for ce	5	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I of Part I, of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING and by After etache	5	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or 'own) (County) (State)  Hour e.m. Yellow While Not While at work at work at work at work at work at work
etaur OB: de de	<u>.</u>	21. I certify that (I) (this hospital) attended the deceased from 33. 1967 to
AT PAT	2	saw the deceased alive on
S Find of	3	228 SIGNATURE C C . ATTENDING MED. STAFF 226. DATE
44 H		MD. PHYS DIRECTOR PHYS. 1 4-2-67
Page 1	/	John E. Baybutt. M. D. 205 Earle Aue E ASTon, ud
SE 5 8 8		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
04041	3	REMOVAL (Specify) Surial April 2,1962 Federal Hill Federalsburg, Maryland
VR AIS (4)	10	24 SUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 7/61	dill	f, J. Frampson & Son DATE APR 6 '62 Chilms & Thank



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
L 60/		05072 CERTIFICATE OF DEATH 05020
urs after funeral services	M)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed leved, H institution, Residence before edmission) a. STATE Maryland b. COUNTY Talbot
by the		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in b		rural- Easton   3 yrs   X rural- Easton
within filled fy filled s. Page hours a	X	d. NAME OF HOSPITA. OR INSTITUTION (H nor in hospital, give street address)  Chapel Road  Chapel Road  Chapel Road
Plesson 72 i		3. NAME OF DECEASED First Middle Last 4. DATE Month Dey Year OF
exe company dring		Type or print:  Annie S Stinson DEATH April 26 19 62  5 SEX (6. COLOR OR RACE) 7 MARRIED TO NEVER MARRIED TO 18. DATE OF BRTH  19. AGE (IN VISINE LIF UNDER 1 YEAR, IF UNDER 24 HRS.
te be and and carbo		Female White Widowed Divorced May 28, 1881   So yrs.   Months Deys Hours Min.
ertifica nysician remove ny eve		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE [County & Stete, or foreign country]  12. CITIZEN OF WHAT COUNTRY?  13. DOUS ENGLISHED FOR WHAT COUNTRY?  14. BIRTHPLACE [County & Stete, or foreign country]  15. CITIZEN OF WHAT COUNTRY?  16. BIRTHPLACE [County & Stete, or foreign country]  17. CITIZEN OF WHAT COUNTRY?  18. BIRTHPLACE [County & Stete, or foreign country]  19. CITIZEN OF WHAT COUNTRY?  19. CITIZEN OF WHAT COUNTRY?
th ca th ph the rivin ar	~	13. FATHER'S NAME
e death lending	1)	John W. Vesty Elizabeth Bell
the the the	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (Ifyesgive war or dates of service)
that the the		no none 218 20 4049 Mrs. Jessie Voshell, Easton, RD, Md.
equires physician ned by iit permi		PARTI DEATH WAS CAUSED BY. COronary artery diseasewith myocardial more their insufficiency
w r ng r sig r rans		Conditions, 1 eny, which (b) Hypertensive cardio-vascular disease
The la affendii as beer burial-		geve rise to immediate cause (e), stelling the underlying cause last.
te h		PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SHEATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OF WAS A LITTLE VIOLENCE.
ICII pital ifica in 88	<b>\(\lambda\)</b>	Diabetes mellitus PERFORMED?
PHYSI the hos his cert for us Ith prio		206 ACC.DENT WAS UNDERLYING [   206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part .) of term 18 )  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING ned by After i letached of Hea		20c TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cliy or town) (County) (Stele)  Hour e.m. While Not While et work et work
TEN retair		21 I certify that (1) (this hospital) attended the deceased from Oct. 20 19 47 to April 26 19 62 that (1) (we) last
F SCIENT		saw the deceased alive on. April 26, 1962, and that death occurred LLAM, from the causes and on the date stated above.
4 may DIR 3 sho		220. SIGNATURE GROWN ATTENDING MED. STAFF SIGNED
TTA age RA RA r, page	1	22c. PHYSICIAN'S NAME (Type) Kurt L. Lederer MD Queen Anne, Md.
ci o		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown or county) (State)
OF OF A	8	REMOVAL (Specify)  Burial 4/29/62 Greenmount Cemetery Hillsboro, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   256, REC'D BY REGISTRAR'S SIGNATURE
15M 7/61	0	Extractor Court Easton, Md. DATE MAY 1 '62 and I there
		TV. Frampton Carroll



ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidence before admission) a. COUNTY **b. COUNTY** MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR JOWN (If outside carporate limits, write RURAL and give nearest town) 의 write RURAL and give nearest town) e T d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 4 d. STREET ADDRESS a. IS RESIDENCE ON A FARM YES NO completely papers. NAME OF Middla Year DECEASED (Type or print) 196-6. COLOR OR RACE 7. MARRIED THEVER MARRIED AGE IN years | IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX DATE OF BIRTH birthday) and draw Months Hours WIDOWED DIVORCED physician AL OCCUPATION (Give kind of work 12. CITIZEN **QE WHAT COUNTRY?** & Stata, or foraign country) done during most of working liter aven if retired) Do a attending pl Then please 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Addrass (Yes, 4p. ((fiyasg'va war or datasof servica) ova CAUSE OF DEATH | Enter only one cause INTERVAL BETWIEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause (a), stating the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO prior 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I 20f. (City or lown) .Countyl (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work al work o.m. Ö 21. | certify tha -attended the deceased from 19 (e. Land that death occurred at T. Q.M., from the causes and on the date stated above. saw 22b. DATE ATTENDING **STAFF** SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS NAME (Typa) 23s. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stata) TO ₽ 25a. REC'D BY REGISTRAR 256. REGISTRÁR'S SIGNATURE VR A15 ,41 162 Civiling S. Trans

STATE DEPARTMENT OF HEALTH



TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Resid a. COUNTY b. COUNTY 12 MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CIDYOR TOWN (If outside corporete limits, write RURAL end give nearest lown) write RURAL and give nearest town), EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES TO NO P 3. NAME OF DATE Month Day Year DECEMBED (Type or print) DEATH 30 1962 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED [ DIVORCED physician OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY ion country! Then please AS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO.1 17. no, or unkown) ((If yes give wer or deles of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which pave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO nera crassix 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) After 2Dc. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Slete) fectory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: el work at work p.m. 1964 that (I) (we) last saw the deceased alive on........ 22b\_ DATE 22a. SIGNATURE MED STAFF SIGNED **ATTENDING** PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M. D. Easton, Maryland 23a. BORIAL, CREMATION, NAME OF 23d COCATION (City Jown or coup) (Stete) 元 OH 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 15M 7/61 arthur S. Thous DATE

ARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	05075 CERTIFICATE OF DEATH U5073
NA	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) 3. COUNTY 4. COUNTY
TAI	* COUNTY TAIL OF MARYLAND S. STATE MARYLAND B. COUNTY TAILOT
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
./	The URAL and give nearest town Life X FASTON
X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  on A FARM?
	Nt. 4- Box 62 YES NO NO
	3. NAME OF First Middle Last 4. DATE Month Day Year DECERSED OF
	(Type or print) Minnie H. Wisher DEATH 4 - 1/ 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   IF UNDER 14 FAR   IF UNDER 24 HRS.
	7 CMA/C 1/69K6 WIDOWED DIVORCED HUG. 1,1906 55 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Domestic Housewife MAKUlAnd U.S.H.
~	13. FATHER'S NAME
T	JAMES KAILEY MIHKY L. Dickerson
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yas, qo, pt unkown) (Ifyasgivawarordatasofservica)
	NO
	18. CAUSE OF DEATH  Entar only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
н	immediate cause of the morrhage from left midele cerebral Artery 3 days
	A DUE TO IL
	gave rise to immediate cause (b) Typertensive Encephalography
	[a], stating the underlying DUE TO
2	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	PERFORMED?
	YES NO X
	OR CONTRIBUTING CAUSE OF DEATH  Of If Either, NOTIFY MEDICAL EXAMINER
	Hour a.m. While Not While factory, street, office bldg., etc.]
	21. I certify that (I) (this hospital) altended the deceased from JUNE 1993 to 4/10, 1962, that (I) (we) last
	saw the deceased alive on
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   413/62
	22c. PHYSICIAN'S 22d. ADDRESS
1	NAME (Type) Shepard Rrech Jr EASTON, Md.
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
0	BUKIAPIET 9-15-62 SANDERS TOWN CEM TRAPPE Md.
P.A.	24 NUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
B	James Serteshiell - KASTON, Mid. DATE APR 18 62 Citim & time
100	

MARYLAND STATE DEPARTMENT OF HEALTH

